

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM RTO-875)**

SERIAL NO. 09/508252

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APPLICANT(S)

Jan

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		1				
4		2				
5		2				
6		2				
7		2				
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TOTAL IND.	2		2			
TOTAL DEP.	8	8	5	5		
TOTAL CLAIMS	10		10			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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